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COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY	DOCKET	NO.

(Status - patented, pending, abandoned)

(Status - patented, pending, abandoned)

As a below named inventor, I hereby declare that: my residence post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: * Method and Apparatus for Compensating for Erroneous Motion Vectors in Image and Video Data

leck Box If								
ppropriate — or Use Without secification ttached	the specification of which is attached hereto unless one of the following boxes is checked: The Specification was filed on 29 July 2003 and was assigned							
	Serial No. 10 628,	385 and was amended of	n					
	was filed as PCT	international application num	ıber	on	•			
		and was amended under PC	T Article 19 on					
	(if applicable).							
•	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.							
	I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.							
	America before my or our any country before my or that the same was not in prior to this application, inventor's certificate issued States of America on an atwelve months (six months or inventor's certificate or of America prior to this ap	o not believe the same was e invention thereof, or patente our invention thereof, or moublic use or on sale in the Unthat the invention has not dibefore the date of this application filed by me or my for designs) prior to this application by me or my legal repriority benefits under Title or inventor's certificate listed	d or described in any printer than one year prior to lited States of America made been patented or made cation in any country force legal representatives or a plication, and that no application in any country foreign to epresentatives or assigns, 35, United States Code, §	ted public this applicate the subjection to the eign to the assigns modication fo the Unite except as	ation in ication, ication, one year of an e United ore than r patent d States follows:			
	Prior Foreign Application(s			Priority	Claimed			
	02255942.1	Europe	27 August 2002	Χ□				
tert Priority formation appropriate)	(Number)	(Country)	(Month/Day/Year Filed)	Yes □	No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes	No			
		(Country)	(Month/Day/Year Filed)	☐ Yes	□ No			
	(Number)	(Country)	(11011111, 24), 1 041 1 1104,					
	(Number)	(Country)	(Month/Day/Year Filed)	☐ Yes	N°			
				Ü				
	(Number)	(Country)	(Month/Day/Year Filed)	Yes	No			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application:							
	Country	Application No.	Date of Filin		ay Year)			
	I hereby claim the h	enefit under Title 35, Unite	ed States Code. 8120 of	any Unit	ed State			
	i incidus ciamin the c	, was well a series and a serie		á				

application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of

the prior application and the national or PCT international filing date of this application:

(Filing Date)

(Filing Date)

*NOTE: Must be completed.

(Application Serial No.)

(Application Serial No.)

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

RAYMOND C. STEWART (Reg. No. 21,066) JOSEPH A. KOLASCH (Reg. No. 22,463) JAMES M. SLATTERY (Reg. No. 28,380) DONALD C. KOLASCH (Reg. No. 23,038) CHARLES GORENSTEIN (Reg. No. 29,271) LEONARD R. SVENSSON (Reg. No. 30,330) MARC S. WEINER (Reg. No. 32,181) TERRELL C. BIRCH (Reg. No. 19,382)
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Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
Inventor: nsert Name of Inventor tnsert Date This	SOROUSH @	GHANBARI	S. Almburi		26/08/03		
Document is Signed insert Residence	RESIDENCE (City, Sta	RESIDENCE (City, State & Country)					
Insert Citizenship	Guildford, Surrey, United Kingdom			Bohsh			
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Full Name of Second	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
Inventor, if any: see above	Leszek	CIEPLINSKI	L. Colli		20/08/03		
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		RESS (Complete Street Address including					
	10 Ledger (10 Ledger Close, Guildford, Surrey, GU1 2UF, United Kingdom.					
Full Name of Third	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
Inventor, if any:	•						
	RESIDENCE (City, St	ate & Country)		CITIZENSHIP			
		•					
	POST OFFICE ADD	RESS (Complete Street Address including	ng City, State & Country)				
Full Name of Fourth inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
see above							
	RESIDENCE (City, SI	ate & Country)		CITIZENSHIP			
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fifth	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
Inventor, if any:							
	RESIDENCE (City, S	tate & Country)		CITIZENSHIP			
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 date this document is signed. 	:	POST OFFICE ADDRESS (Complete Street Address including City State & Country)					
Page 2 of 2	TOST OFFICE ADDITION TO THE STATE OF THE STA						
(USPTO Approved 3-90)							